

**TITLE V BLOCK GRANT APPLICATION**  
**FORMS (1-21)**  
**STATE: ID**  
**APPLICATION YEAR: 2006**

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<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED <b>7/15/2005</b>		APPLICANT IDENTIFIER	
1. TYPE OF SUBMISSION:  Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		STATE APPLICATION IDENTIFIER	
		4. DATE RECEIVED BY FEDERAL AGENCY		FEDERAL IDENTIFIER	
5. APPLICANT INFORMATION					
Legal Name: <b>Idaho Department of Health and Welfare</b>			Organizational Unit: <b>Bureau of Clinical and Preventive Services</b>		
Address (give city, county, state and zip code) <b>PO Box 83720</b> <b>450 W. State Street, 4th Floor</b> <b>Boise, ID 83720</b> County: <b>Ada</b>			Name and telephone number of the person to be contacted on matters involving this application (give area code) Name: <b>Russell A. Duke</b> Tel Number: <b>208-334-0670</b>		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="display: flex; gap: 10px;"><div style="border: 1px solid black; padding: 2px 5px;">8</div><div style="border: 1px solid black; padding: 2px 5px;">2</div><div style="border: 1px solid black; padding: 2px 5px;">6</div><div style="border: 1px solid black; padding: 2px 5px;">0</div><div style="border: 1px solid black; padding: 2px 5px;">0</div><div style="border: 1px solid black; padding: 2px 5px;">0</div><div style="border: 1px solid black; padding: 2px 5px;">9</div><div style="border: 1px solid black; padding: 2px 5px;">9</div><div style="border: 1px solid black; padding: 2px 5px;">5</div></div>			7. TYPE OF APPLICANT: (Enter appropriate letter in box) <b>A</b> A. State                      H. Independent School District B. County                  I. State Controlled Institution of Higher Learning C. Municipality            J. Private University D. Township               K. Indian Tribe E. Interstate               L. Individual F. Intermunicipality      M. Profit Organization G. Special District       N. Other (Specify)		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision  If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award   B. Decrease Award   C. Increase Duration Decrease Duration Other (specify):			9 NAME OF FEDERAL AGENCY: <b>Health Resources and Services Administration, Maternal and Child Health Bureau</b>		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="display: flex; gap: 10px;"><div style="border: 1px solid black; padding: 2px 5px;">9</div><div style="border: 1px solid black; padding: 2px 5px;">3</div><div style="border: 1px solid black; padding: 2px 5px;">9</div><div style="border: 1px solid black; padding: 2px 5px;">9</div><div style="border: 1px solid black; padding: 2px 5px;">4</div></div> TITLE: <b>Maternal and Child Health Services Block Grant</b>			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <b>MCH Health Care Services DUNS: 82-520-14-86</b>		
12. AREAS AFFECTED BY PROJECT (cities, communities, states, etc.): <b>State of Idaho</b>					
13. PROPOSED PROJECT:			14. CONGRESSIONAL DISTRICTS OF:		
Start Date: <b>10/01/2005</b>		Ending Date: <b>09/30/2006</b>		a. Applicant <b>1-2</b>	b. Project <b>1-2</b>
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ <u>3,373,170.00</u>	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: <b>7/1/2005</b>  b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372  <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
b. Applicant	\$ <u>0.00</u>				
c. State	\$ <u>1,800,000.00</u>				
d. Local	\$ <u>729,878.00</u>				
e. Other	\$ <u>0.00</u>				
f. Program Income	\$ <u>0.00</u>				
g. TOTAL	\$ <u>5,903,048.00</u>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT <input type="checkbox"/> Yes. If "Yes", attach an explanation <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY BY THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative <b>Karl B. Kurtz</b>			b. Title <b>Director</b>		c. Telephone Number <b>208-334-5500</b>
d. Signature of Authorized Representative					e. Date Signed

**FORM 2**  
**MCH BUDGET DETAILS FOR FY 2006**

[Secs. 504 (d) and 505(a)(3)(4)]

**STATE: ID**

**1. FEDERAL ALLOCATION**

(Item 15a of the Application Face Sheet [SF 424])  
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 3,373,170

A.Preventive and primary care for children:

\$ 1,037,038 ( 30.74%)

B.Children with special health care needs:

\$ 1,407,313 ( 41.72%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 337,317 ( 10%)

(The above figure cannot be more than 10%)[Sec. 504(d)]

**2. UNOBLIGATED BALANCE** (Item 15b of SF 424)

\$ 0

**3. STATE MCH FUNDS** (Item 15c of the SF 424)

\$ 1,800,000

**4. LOCAL MCH FUNDS** (Item 15d of SF 424)

\$ 729,878

**5. OTHER FUNDS** (Item 15e of SF 424)

\$ 0

**6. PROGRAM INCOME** (Item 15f of SF 424)

\$ 0

**7. TOTAL STATE MATCH** (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 2,141,219

\$ 2,529,878

**8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)**

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 5,903,048

**9. OTHER FEDERAL FUNDS**

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 0

c. CISS: \$ 0

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 1,747,383

h. AIDS: \$ 1,888,722

i. CDC: \$ 0

j. Education: \$ 0

k. Other: \$ 0

ACF-TANF \$ 1,400,000

CDC-IMMUNIZATION \$ 1,638,571

CDC-STD \$ 428,685

CDC-WHC \$ 1,523,132

PHS-TITLE X \$ 1,629,689

**10. OTHER FEDERAL FUNDS** (SUBTOTAL of all Funds under item 9)

\$ 10,256,182

**11. STATE MCH BUDGET TOTAL**

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 16,159,230

**FORM NOTES FOR FORM 2**

None

**FIELD LEVEL NOTES**

None

**FORM 3**  
**STATE MCH FUNDING PROFILE**

*[Secs. 505(a) and 506(a)(1-3)]*

**STATE: ID**

	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 3,373,876	\$ 3,612,848	\$ 3,387,761	\$ 0	\$ 3,373,170	\$ 0
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 1,830,000	\$ 1,805,000	\$ 1,000,000	\$ 0	\$ 1,800,000	\$ 0
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 700,407	\$ 904,636	\$ 1,540,821	\$ 0	\$ 729,878	\$ 0
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 195,000	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 6,099,283	\$ 6,322,484	\$ 5,928,582	\$ 0	\$ 5,903,048	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 30,060,000	\$ 28,787,067	\$ 26,883,255	\$ 0	\$ 10,256,182	\$ 0
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 36,159,283	\$ 35,109,551	\$ 32,811,837	\$ 0	\$ 16,159,230	\$ 0
(STATE MCH BUDGET TOTAL)						

**FORM 3**  
**STATE MCH FUNDING PROFILE**

*[Secs. 505(a) and 506(a)(1-3)]*

**STATE: ID**

	FY 2001		FY 2002		FY 2003	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 3,303,178	\$ 3,325,763	\$ 3,325,763	\$ 3,381,284	\$ 3,381,284	\$ 2,666,211
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 2,477,384	\$ 32,510	\$ 2,494,323	\$ 1,802,366	\$ 2,535,963	\$ 600,250
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 0	\$ 3,977,032	\$ 0	\$ 733,597	\$ 0	\$ 1,399,409
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 160,000	\$ 181,134	\$ 160,000	\$ 185,010	\$ 160,000	\$ 0
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 5,940,562	\$ 7,516,439	\$ 5,980,086	\$ 6,102,257	\$ 6,077,247	\$ 4,665,870
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 22,206,943	\$ 22,206,943	\$ 21,652,694	\$ 28,904,161	\$ 25,415,660	\$ 23,590,372
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 28,147,505	\$ 29,723,382	\$ 27,632,780	\$ 35,006,418	\$ 31,492,907	\$ 28,256,242
(STATE MCH BUDGET TOTAL)						

## FORM NOTES FOR FORM 3

None

### FIELD LEVEL NOTES

1. **Section Number:** Main  
**Field Name:** FedAllocExpended  
**Row Name:** Federal Allocation  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
The entire block grant award for fiscal years 03' and 04' was not spent within the first year of the grant cycle. State general funds became available on a one time basis and were used to offset MCH expenditures. The 03' funds will be spent first and excess 04' cycle funds that will result are currently being used for two projects: MCH 5 year needs assessment which will be conducted by Health Systems Research, Inc, and a childhood obesity prevention project.
2. **Section Number:** Main  
**Field Name:** StateMCHFundsExpended  
**Row Name:** State Funds  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
Because of the inability to enter data the local match section of the previous year's form 2 in any amount less than 75%, both state and local funds were included in the state funds section.
3. **Section Number:** Main  
**Field Name:** LocalMCHFundsExpended  
**Row Name:** Local MCH Funds  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
Because of the inability to enter data the local match section of the previous year's form 2 in any amount less than 75%, both state and local funds were included in the state funds section.
4. **Section Number:** Main  
**Field Name:** LocalMCHFundsExpended  
**Row Name:** Local MCH Funds  
**Column Name:** Expended  
**Year:** 2004  
**Field Note:**  
Needed to increase local fund contribution because availability of state general fund was less than projected.
5. **Section Number:** Main  
**Field Name:** ProgramIncomeExpended  
**Row Name:** Program Income  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
A decision made by the Department for all grants is to report only the required match. While general fund revenues were generated, they are not needed to meet the MCH block grant requirements. This will allow funds to be used as for other grant match requirements and eliminate the potential for them to be double reported.
6. **Section Number:** Main  
**Field Name:** ProgramIncomeExpended  
**Row Name:** Program Income  
**Column Name:** Expended  
**Year:** 2004  
**Field Note:**  
Program income is not needed to meet 75% match since it was met through local and state match.

**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

[Secs 506(2)(2)(iv)]

**STATE: ID**

	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 226,154	\$ 282,368	\$ 436,249	\$ 0	\$ 381,837	\$ 0
b. Infants < 1 year old	\$ 1,371,204	\$ 1,467,855	\$ 1,090,307	\$ 0	\$ 1,421,096	\$ 0
c. Children 1 to 22 years old	\$ 2,026,582	\$ 2,121,058	\$ 1,953,696	\$ 0	\$ 2,044,780	\$ 0
d. Children with Special Healthcare Needs	\$ 1,751,236	\$ 1,797,530	\$ 1,540,665	\$ 0	\$ 1,422,657	\$ 0
e. Others	\$ 386,719	\$ 317,959	\$ 568,889	\$ 0	\$ 295,361	\$ 0
f. Administration	\$ 337,388	\$ 335,714	\$ 338,776	\$ 0	\$ 337,317	\$ 0
g. SUBTOTAL	\$ 6,099,283	\$ 6,322,484	\$ 5,928,582	\$ 0	\$ 5,903,048	\$ 0
<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 0		\$ 0		\$ 0	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 22,239,500		\$ 17,744,363		\$ 1,747,383	
h. AIDS	\$ 2,417,700		\$ 2,081,601		\$ 1,888,722	
i. CDC	\$ 0		\$ 0		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
ACF-TANF	\$ 0		\$ 0		\$ 1,400,000	
CDC-IMMUNIZATION	\$ 0		\$ 0		\$ 1,638,571	
CDC-STD	\$ 0		\$ 0		\$ 428,685	
CDC-WHC	\$ 0		\$ 0		\$ 1,523,132	
PHS-TITLE X	\$ 0		\$ 0		\$ 1,629,689	
ACF - TANF	\$ 0		\$ 1,100,000		\$ 0	
CDC - Immunization	\$ 0		\$ 1,767,802		\$ 0	
CDC - STD	\$ 0		\$ 431,229		\$ 0	
CDC - WHC	\$ 0		\$ 2,244,190		\$ 0	
PHS - Title X	\$ 0		\$ 1,514,070		\$ 0	
CDC Immunization	\$ 3,443,600		\$ 0		\$ 0	
CDC STD	\$ 307,100		\$ 0		\$ 0	
Title X	\$ 1,652,100		\$ 0		\$ 0	
<b>III. SUBTOTAL</b>	\$ 30,060,000		\$ 26,883,255		\$ 10,256,182	



**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

[Secs 506(2)(2)(iv)]

**STATE: ID**

	FY 2001		FY 2002		FY 2003	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 355,916	\$ 302,687	\$ 351,659	\$ 136,122	\$ 298,646	\$ 251,509
b. Infants < 1 year old	\$ 1,062,264	\$ 1,669,717	\$ 978,036	\$ 1,166,161	\$ 1,083,613	\$ 531,683
c. Children 1 to 22 years old	\$ 2,072,703	\$ 2,720,921	\$ 2,070,622	\$ 1,911,485	\$ 1,931,603	\$ 1,152,946
d. Children with Special Healthcare Needs	\$ 1,870,611	\$ 2,141,716	\$ 2,000,763	\$ 2,275,117	\$ 2,115,128	\$ 2,155,602
e. Others	\$ 310,191	\$ 352,052	\$ 310,129	\$ 345,478	\$ 310,129	\$ 274,462
f. Administration	\$ 268,877	\$ 329,346	\$ 268,877	\$ 338,128	\$ 338,128	\$ 299,668
g. SUBTOTAL	\$ 5,940,562	\$ 7,516,439	\$ 5,980,086	\$ 6,172,491	\$ 6,077,247	\$ 4,665,870
<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 0		\$ 0	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 205,228		\$ 205,228		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 17,703,074		\$ 17,747,383		\$ 18,357,000	
h. AIDS	\$ 1,394,302		\$ 1,250,586		\$ 1,987,000	
i. CDC	\$ 0		\$ 0		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
CDC - Immunization	\$ 0		\$ 0		\$ 3,261,000	
CDC - STD	\$ 0		\$ 0		\$ 390,000	
Title X	\$ 995,204		\$ 901,372		\$ 1,420,660	
CDC-Immunization	\$ 1,438,989		\$ 1,163,979		\$ 0	
CDC-STD	\$ 370,146		\$ 384,146		\$ 0	
<b>III. SUBTOTAL</b>	\$ 22,206,943		\$ 21,652,694		\$ 25,415,660	

## FORM NOTES FOR FORM 4

None

### FIELD LEVEL NOTES

- 1. Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** PregWomenExpended  
**Row Name:** Pregnant Women  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
The FFY 03' budget included expenses beyond the 75% block grant requirement. The Idaho Department of Health and Welfare made an administrative decision to only report required match on grants. This is why the federal and state partnership appears to be less than budgeted. This change in policy has been accounted for in the FFY 05' projected budget.
- 2. Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** PregWomenExpended  
**Row Name:** Pregnant Women  
**Column Name:** Expended  
**Year:** 2004  
**Field Note:**  
More pregnant women were served proportionally than anticipated when compared to women over the age of 22 in the reproductive health program.
- 3. Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_0\_1Expended  
**Row Name:** Infants <1 year old  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
The FFY 03' budget included expenses beyond the 75% block grant requirement. The Idaho Department of Health and Welfare made an administrative decision to only report required match on grants. This is why the federal and state partnership appears to be less than budgeted. This change in policy has been accounted for in the FFY 05' projected budget.
- 4. Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_1\_22Expended  
**Row Name:** Children 1 to 22 years old  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
The FFY 03' budget included expenses beyond the 75% block grant requirement. The Idaho Department of Health and Welfare made an administrative decision to only report required match on grants. This is why the federal and state partnership appears to be less than budgeted. This change in policy has been accounted for in the FFY 05' projected budget.
- 5. Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** CSHCNExpended  
**Row Name:** CSHCN  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**
- 6. Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** AllOthersExpended  
**Row Name:** All Others  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
The FFY 03' budget included expenses beyond the 75% block grant requirement. The Idaho Department of Health and Welfare made an administrative decision to only report required match on grants. This is why the federal and state partnership appears to be less than budgeted. This change in policy has been accounted for in the FFY 05' projected budget.
- 7. Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** AllOthersExpended  
**Row Name:** All Others  
**Column Name:** Expended  
**Year:** 2004  
**Field Note:**  
More pregnant women were served proportionally than anticipated when compared to women over the age of 22 (other category) in the reproductive health program.
- 8. Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** AdminExpended  
**Row Name:** Administration  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
The FY 03' block grant was underspent because one time general funds were used to offset MCH expenses. The amount included on this line equals 10% of the total block grant expenses. This is the amount that is used to cover Department indirects.

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

**STATE: ID**

TYPE OF SERVICE	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 2,347,051	\$ 2,475,768	\$ 2,837,651	\$ 0	\$ 2,026,502	\$ 0
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 41,136	\$ 26,562	\$ 1,887,000	\$ 0	\$ 53,000	\$ 0
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 3,134,833	\$ 3,064,707	\$ 362,000	\$ 0	\$ 2,881,878	\$ 0
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 576,263	\$ 755,447	\$ 841,931	\$ 0	\$ 941,668	\$ 0
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 6,099,283	\$ 6,322,484	\$ 5,928,582	\$ 0	\$ 5,903,048	\$ 0

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

**STATE: ID**

TYPE OF SERVICE	FY 2001		FY 2002		FY 2003	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 2,496,068	\$ 2,843,490	\$ 2,627,740	\$ 2,607,016	\$ 2,738,185	\$ 2,737,478
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 48,000	\$ 4,713	\$ 48,000	\$ 27,858	\$ 48,000	\$ 27,726
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 2,624,250	\$ 3,894,503	\$ 2,530,831	\$ 2,521,966	\$ 2,532,534	\$ 1,236,702
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 772,244	\$ 773,733	\$ 773,515	\$ 721,019	\$ 758,528	\$ 663,964
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 5,940,562	\$ 7,516,439	\$ 5,980,086	\$ 5,877,859	\$ 6,077,247	\$ 4,665,870

## FORM NOTES FOR FORM 5

None

### FIELD LEVEL NOTES

- 1. Section Number:** Main  
**Field Name:** EnablingExpended  
**Row Name:** Enabling Services  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
The enabling services budget only includes the Idaho Careline. Anticipated expenditures were based on historical expenditures. Careline is set up on a cost allocation plan so that means the MCH share of the overall careline budget was less than anticipated.
- 2. Section Number:** Main  
**Field Name:** EnablingExpended  
**Row Name:** Enabling Services  
**Column Name:** Expended  
**Year:** 2004  
**Field Note:**  
The Idaho Careline comprises the majority of block grant expenditures in the enabling services category. Careline's budget is set up on a cost allocation plan based on usage. The anticipated usage for FFY 2004 was greater than actual and this accounts for lower spending in this category compared to the budgeted amount.
- 3. Section Number:** Main  
**Field Name:** PopBasedExpended  
**Row Name:** Population-Based Services  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
The FFY 03' budget included expenses beyond the 75% block grant requirement. The Idaho Department of Health and Welfare made an administrative decision to only report required match on grants. This is why the federal and state partnership appears to be less than budgeted. This change in policy has been accounted for in the FFY 05' projected budget.
- 4. Section Number:** Main  
**Field Name:** InfrastrBuildExpended  
**Row Name:** Infrastructure Building Services  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
The FFY 03' budget included expenses beyond the 75% block grant requirement. The Idaho Department of Health and Welfare made an administrative decision to only report required match on grants. This is why the federal and state partnership appears to be less than budgeted. This change in policy has been accounted for in the FFY 05' projected budget.
- 5. Section Number:** Main  
**Field Name:** InfrastrBuildExpended  
**Row Name:** Infrastructure Building Services  
**Column Name:** Expended  
**Year:** 2004  
**Field Note:**  
The majority of the difference between the projected budget and actual expenditures in the infrastructure category can be accounted for in the genetics program. When the budget was projected for FFY 2004, the entire allocation was placed in the direct health care services category. The program has evolved to include broader educational services to health care providers in effort to improve the capacity to address general genetics in primary care settings. This allows the genetics clinics staffed by genetics physicians to focus on the more complex cases.

<b>FORM 6</b>						
<b>NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED</b>						
<small>Sect. 506(a)(2)(B)(iii)</small>						
<b>STATE: ID</b>						
Total Births by Occurrence: <u>22,537</u>					Reporting Year: 2004	
<b>Type of Screening Tests</b>	<b>(A) Receiving at least one Screen (1)</b>		<b>(B) No. of Presumptive Positive Screens</b>	<b>(C) No. Confirmed Cases (2)</b>	<b>(D) Needing Treatment that Received Treatment(3)</b>	
	<b>No.</b>	<b>%</b>			<b>No.</b>	<b>%</b>
Phenylketonuria	21,778	96.6	4	4	4	100
Congenital Hypothyroidism	21,778	96.6	181	10	10	100
Galactosemia	21,778	96.6	8	2	2	100
Sickle Cell Disease	14,208	63	0	0	0	
<b>Other Screening (Specify)</b>						
Medium Chain AcylCo-A Dehydrogenase (MCAD)	21,778	96.6	28	3	3	100
<b>Screening Programs for Older Children &amp; Women (Specify Tests by name)</b>						

## FORM NOTES FOR FORM 6

None

### FIELD LEVEL NOTES

1. **Section Number:** Main  
**Field Name:** BirthOccurence  
**Row Name:** Total Births By Occurence  
**Column Name:** Total Births By Occurence  
**Year:** 2006  
**Field Note:**  
This is a provisional number and will be updated when finalized.
2. **Section Number:** Main  
**Field Name:** SickCellDisease\_OneScreenNo  
**Row Name:** SickCellDisease  
**Column Name:** Receiving at least one screen  
**Year:** 2006  
**Field Note:**  
Sickle Cell Disease and other hemoglobinopathies were added to the Idaho test battery in May, 2004. Prior to that time, Sickle Cell screens had to be conducted by special request. Since one confirmed case in 2003, there have been no other cases identified to date.
3. **Section Number:** Main  
**Field Name:** Phenylketonuria\_Confirmed  
**Row Name:** Phenylketonuria  
**Column Name:** Confirmed Cases  
**Year:** 2006  
**Field Note:**  
Any confirmed PKU cases receive immediate attention from the genetics program's nutritionist and genetic counselor. These staff people, in conjunction with an Oregon metabolic specialist, begin treatment procedures, schedule the family for a clinic visit, and follow the young patient carefully, monitoring monthly phe levels and communicating regularly with the family to provide education and guidance.
4. **Section Number:** Main  
**Field Name:** SickCellDisease\_Confirmed  
**Row Name:** SickCellDisease  
**Column Name:** Confirmed Cases  
**Year:** 2006  
**Field Note:**  
Please see note for column A.

**FORM 7**  
**NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V**  
**(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)**

[Sec. 506(a)(2)(A)(i-ii)]

**STATE: ID**

**Reporting Year: 2004**

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	1,938	75.0		11.0	14.0	
Infants < 1 year old	22,537	30.0		60.0	10.0	
Children 1 to 22 years old	75,886	40.0		5.0	55.0	
Children with Special Healthcare Needs	1,949	34.0		55.0	11.0	
Others	25,766	20.0		10.0	70.0	
<b>TOTAL</b>	<b>128,076</b>					



<b>FORM NOTES FOR FORM 7</b>
None
<b>FIELD LEVEL NOTES</b>
None

**FORM 8**  
**DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE**  
**XIX**  
**(BY RACE AND ETHNICITY)**  
[SEC. 506(A)(2)(C-D)]  
**STATE: ID**

Reporting Year: 2003

**I. UNDUPLICATED COUNT BY RACE**

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	21,290	20,270	107	345	316	20		232
Title V Served	20,864	19,864	105	338	310	20		227
Eligible for Title XIX	6,388	6,081	32	104	95	6		70
<b>INFANTS</b>								
Total Infants in State	20,089	19,393	120	349	227			
Title V Served	19,687	19,005	118	342	222			
Eligible for Title XIX	6,027	5,818	36	105	68			

**II. UNDUPLICATED COUNT BY ETHNICITY**

				<b>HISPANIC OR LATINO (Sub-categories by country or area of origin)</b>				
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	18,311	2,838	141	2,259	4	24	65	486
Title V Served	17,945	2,781	138	2,214	4	24	64	476
Eligible for Title XIX	5,493	851	42	678	1	7	20	146
<b>INFANTS</b>								
Total Infants in State	17,347	2,742						
Title V Served	17,000	2,687						
Eligible for Title XIX	5,204	823						

## FORM NOTES FOR FORM 8

None

### FIELD LEVEL NOTES

- 1. Section Number:** I. Unduplicated Count By Race  
**Field Name:** DeliveriesTotal\_All  
**Row Name:** Total Deliveries in State  
**Column Name:** Total All Races  
**Year:** 2006  
**Field Note:**  
Data from Idaho birth certificate not available due to revisions in birth certificate for 2004. Data will be available September 2005. This data is 2003 data. Form 6 includes provisional data for the number of births in 2004. The source of data is from the Department's Bureau of Vital Records and Health Policy.
- 2. Section Number:** I. Unduplicated Count By Race  
**Field Name:** DeliveriesTitleV\_All  
**Row Name:** Title V Served  
**Column Name:** Total All Races  
**Year:** 2006  
**Field Note:**  
Data from Idaho birth certificate not available due to revisions in birth certificate for 2004. Data will be available September 2005.
- 3. Section Number:** I. Unduplicated Count By Race  
**Field Name:** InfantsTotal\_All  
**Row Name:** Total Infants in State  
**Column Name:** Total All Races  
**Year:** 2006  
**Field Note:**  
Data from Idaho birth certificate data available due to revisions in birth certificate for 2004. Data will be available September 2005. The discrepancy results from other forms 6 and 7 using provisional birth data for 2004.
- 4. Section Number:** II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleV\_TotalHispanic  
**Row Name:** Title V Served  
**Column Name:** Total Hispanic or Latino  
**Year:** 2006  
**Field Note:**  
The method by which the number of title V served is multiplying the total number by .98. At least 98% of all infants have a newborn hearing and/or metabolic screen performed. When calculated for columns B1-B5, the numbers were rounded and therefore are off from the total by one.
- 5. Section Number:** II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleXIX\_TotalHispanic  
**Row Name:** Eligible for Title XIX  
**Column Name:** Total Hispanic or Latino  
**Year:** 2006  
**Field Note:**  
The method by which the number of title V served is multiplying the total number by .3. Approximately 30% of births are paid for by Medicaid. When calculated for columns B1-B5, the numbers were rounded and therefore are off from the total by one.
- 6. Section Number:** II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTotal\_TotalHispanic  
**Row Name:** Total Infants in State  
**Column Name:** Total Hispanic or Latino  
**Year:** 2006  
**Field Note:**  
We do not currently have data requested for B.1 to B.5
- 7. Section Number:** II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTitleV\_TotalHispanic  
**Row Name:** Title V Served  
**Column Name:** Total Hispanic or Latino  
**Year:** 2006  
**Field Note:**  
We do not currently have data requested for B.1 to B.5
- 8. Section Number:** II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTitleXIX\_TotalHispanic  
**Row Name:** Eligible for Title XIX  
**Column Name:** Total Hispanic or Latino  
**Year:** 2006  
**Field Note:**  
We do not currently have data requested for B.1 to B.5

**FORM 9**  
**STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM**  
[SECS. 505(A)(E) AND 509(A)(8)]  
**STATE: ID**

	<b>FY 2006</b>	<b>FY 2005</b>	<b>FY 2004</b>	<b>FY 2003</b>	<b>FY 2002</b>
1. State MCH Toll-Free "Hotline" Telephone Number	<u>211 or 800 926-2588</u>	<u>800 926-2588 or 211</u>	<u>800 926-2588 or 211</u>	<u>(800) 926-2588</u>	<u>(800) 926-2588</u>
2. State MCH Toll-Free "Hotline" Name	<u>Idaho CareLine</u>	<u>Idaho CareLine</u>	<u>Idaho CareLine</u>	<u>Idaho CareLine</u>	<u>Idaho CareLine</u>
3. Name of Contact Person for State MCH "Hotline"	<u>Patricia Williams</u>	<u>Patricia Williams</u>	<u>Patricia Williams</u>	<u>Patricia Williams</u>	<u>Patricia Williams</u>
4. Contact Person's Telephone Number	<u>208 287-1020</u>	<u>208 334-5551</u>	<u>208 334-5551</u>	<u>(208) 334-5551</u>	<u>(208) 334-5551</u>
5. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u></u>	<u>8,622</u>	<u>9,500</u>	<u>32,417</u>

**FORM 9**  
**STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)**  
[SECS. 505(A)(E) AND 509(A)(8)]  
**STATE: ID**

	<b>FY 2006</b>	<b>FY 2005</b>	<b>FY 2004</b>	<b>FY 2003</b>	<b>FY 2002</b>
1. State MCH Toll-Free "Hotline" Telephone Number	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
2. State MCH Toll-Free "Hotline" Name	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
3. Name of Contact Person for State MCH "Hotline"	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
4. Contact Person's Telephone Number	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
5. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

**FORM NOTES FOR FORM 9**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Main  
**Field Name:** hnumber\_2  
**Row Name:** State MCH toll-free hotline telephone number  
**Column Name:** FY  
**Year:** 2004  
**Field Note:**

A 211 line has been added to access Idaho Careline. Callers can either use the existing 1-800 or the new easier to remember 211 line.

**FORM 10**  
**TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT**  
**STATE PROFILE FOR FY 2006**  
[SEC. 506(A)(1)]  
**STATE: ID**

1. State MCH Administration:  
(max 2500 characters)

The Bureau of Clinical and Preventive Services, Idaho Department of Health and Welfare, administers the Title V MCH grant. No changes in organization structure have occurred over the past year. The programs directly supervised by the Idaho MCH Director include -- cut from last year's app

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 3,373,170
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 1,800,000
5. Local MCH Funds (Line 4, Form 2)	\$ 729,878
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 0
<b>8. Total Federal-State Partnership (Line 8, Form 2)</b>	<b>\$ 5,903,048</b>

9. Most significant providers receiving MCH funds:

7 public health districts  
St. Luke's Children's Hospitals  
Physicians from OR Health and Science University

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	1,938
b. Infants < 1 year old	22,537
c. Children 1 to 22 years old	75,886
d. CSHCN	1,949
e. Others	25,766

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:  
(max 2500 characters)

Cut paste and update from last years grant

b. Population-Based Services:  
(max 2500 characters)

cut paste and update from last years grant

c. Infrastructure Building Services:  
(max 2500 characters)

cut paste and update from last years grant

12. The primary Title V Program contact person:

Name	Russell Duke
Title	Chief, Bureau of Clinical and Preventive Services
Address	450 West State Street
City	Boise
State	Idaho
Zip	83720
Phone	208-334-0670
Fax	208-332-7346
Email	duke@idhw.state.id.us
Web	

13. The children with special health care needs (CSHCN) contact person:

Name	Brett Harrell
Title	Manager, Childrens Special Health, Newborn Screening
Address	450 West State Street
City	Boise
State	Idaho
Zip	83720
Phone	208-334-5963
Fax	208-334-6581
Email	harrellb@idhw.state.id.us
Web	

**FORM NOTES FOR FORM 10**

None

**FIELD LEVEL NOTES**

None

**FORM 11**  
**TRACKING PERFORMANCE MEASURES**  
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]  
**STATE: ID**

**PERFORMANCE MEASURE # 01**

The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective				100	100
Annual Indicator	98.2	99.3	97.3	95.0	100.0
Numerator	19,937	20,537	20,404	19	16
Denominator	20,302	20,686	20,965	20	16
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**PERFORMANCE MEASURE # 02**

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective				60	60
Annual Indicator			57.2	57.2	57.2
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	60	60	60	60	60
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					



**PERFORMANCE MEASURE # 03**

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective				50	52
Annual Indicator			49.1	49.1	49.1
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	52	52	52	52	52
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**PERFORMANCE MEASURE # 04**

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective					60
Annual Indicator			53.3	53.3	53.3
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	60	60	60	60	60
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**PERFORMANCE MEASURE # 05**

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective				77	80
Annual Indicator			75.2	75.2	75.2
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	80	80	80	80	80
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**PERFORMANCE MEASURE # 06**

The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective				6	6
Annual Indicator			5.8	5.8	5.8
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	6	6	6	6	6
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**PERFORMANCE MEASURE # 07**

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	72	74	76	77	80
Annual Indicator	70	70.2	69.4	79	80.8
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	81	82	83	84	85
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**PERFORMANCE MEASURE # 08**

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	25	24.9	17	16	15
Annual Indicator	21.0	19.0	18.4	17.5	
Numerator	669	604	582	545	
Denominator	31,901	31,718	31,561	31,176	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	14	13	12	11	11
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**PERFORMANCE MEASURE # 09**

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	51	50	50.5	60	62
Annual Indicator	47.8	53.6	59.7	49.9	50.1
Numerator	9,236	10,361	11,430	9,426	370
Denominator	19,323	19,332	19,147	18,890	739
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	64	66	68	70	72
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 10**

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	7.3	7.1	5	5	4.5
Annual Indicator	6.4	5.6	5.6	6.8	
Numerator	18	17	17	21	
Denominator	283,307	305,087	305,614	307,803	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	4	4	4	4	4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 11**

Percentage of mothers who breastfeed their infants at hospital discharge.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	72.5	72.6	72.7	75	76
Annual Indicator	73.4	74.6	74.3	73.6	73.1
Numerator	13,183	13,483	13,666	13,961	14,406
Denominator	17,955	18,076	18,398	18,977	19,703
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	77	78	79	80	81
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 12**

Percentage of newborns who have been screened for hearing before hospital discharge.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	64	80	82.5	100	100
Annual Indicator	77.2	91.4	96.8	97.4	97.7
Numerator	14,646	16,798	18,275	19,532	20,070
Denominator	18,964	18,383	18,886	20,060	20,540
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 13**

Percent of children without health insurance.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	12.3	12.2	12.1	12	12
Annual Indicator	13	13	13	13	13
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	12	12	12	12	12
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 14**

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	73	73.1	73.2	90	95
Annual Indicator	83.2	87.1	89.5	94.3	92.5
Numerator	88,994	113,555	127,524	142,394	150,105
Denominator	106,909	130,313	142,425	151,017	162,240
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	95.5	96	96.5	97	97.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 15**

The percent of very low birth weight infants among all live births.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	1	1	1	0.8	0.7
Annual Indicator	1.1	1.0	1.0	1.0	
Numerator	220	200	201	228	
Denominator	20,294	20,686	20,954	21,780	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	0.6	0.5	0.4	0.3	0.3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 16**

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	16.8	16.7	20	19	13
Annual Indicator	18.9	21.3	13.7	13.8	
Numerator	21	24	15	15	
Denominator	110,858	112,936	109,671	108,796	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	12	11	10	9	9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 17**

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	58.5	58.6	65	66	75
Annual Indicator	64.5	59.5	65.7	72.8	
Numerator	142	119	132	142	
Denominator	220	200	201	195	
Is the Data Provisional or Final?				Provisional	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	75	75	75	75	75
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 18**

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	80.6	80.7	80.8	83	84
Annual Indicator	80.9	81.9	82.1	81.3	
Numerator	15,983	15,807	16,710	17,091	
Denominator	19,761	19,309	20,362	21,012	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	85	86	87	88	88
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.



**STATE PERFORMANCE MEASURE # 1**

Proportion of all pregnancies seen in Reproductive Health Clinics that are unintended

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	70	69.9	69.8	55	55
Annual Indicator	61.8	60.3	60.5	66.7	69.3
Numerator	1,921	2,122	2,208	1,503	1,859
Denominator	3,109	3,519	3,652	2,254	2,683
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	55	55	55	55	55
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 2**

Percent of positive pregnancy tests in Reproductive Health program participants of less than 20 years old

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	11.8	11.7	11.6	8	5.5
Annual Indicator	8.9	9.0	8.8	5.7	6.0
Numerator	983	1,037	1,052	618	498
Denominator	11,081	11,508	11,903	10,777	8,239
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	5	4.5	4	3.5	3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 3**

Use of the Idaho CareLine as a clearinghouse (information/referral service) of information for non-health related children's social and developmental services

	<b>Annual Objective and Performance Data</b>				
	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>
<b>Annual Performance Objective</b>	6,200	8,000	8,500	8,500	10,000
<b>Annual Indicator</b>	13,719				
<b>Numerator</b>		8,514	8,254	9,500	8,622
<b>Denominator</b>		1	1	1	1
<b>Is the Data Provisional or Final?</b>				Final	Final

	<b>Annual Objective and Performance Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Performance Objective</b>	11,000	11,500	12,000	12,500	13,000
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 4**

Percent of child deaths reviewed by the Idaho Child Mortality Review Team

	<b>Annual Objective and Performance Data</b>				
	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>
<b>Annual Performance Objective</b>	100	100	100	100	100
<b>Annual Indicator</b>	41.1	50.2	NaN	NaN	NaN
<b>Numerator</b>	81	102	0	0	0
<b>Denominator</b>	197	203	0	0	0
<b>Is the Data Provisional or Final?</b>				Provisional	Provisional

	<b>Annual Objective and Performance Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Performance Objective</b>	100	100	100	100	100
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 5**

Doses of hepatitis A vaccine administered to children at kindergarten entry

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	3,000	10,000	15,000	23,000	25,000
Annual Indicator	4,185	12,697.0	17,944.0	16,971.0	17,130.0
Numerator		12,697	17,944	16,971	17,130
Denominator		1	1	1	1
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	27,000	29,000	32,000	35,000	38,000
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 6**

Percent of children age 5 years who are caries-free in their primary teeth (have no decayed, missing or filled teeth due to tooth decay)

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	N/A	N/A	37	37	30
Annual Indicator			53.6	34.2	39.1
Numerator			9,995	6,367	279
Denominator			18,647	18,628	713
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	50	52	54	56	58
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 7**

Percent of investigations completed on children with elevated blood lead levels

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	100	100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	38	34	18	22	10
Denominator	38	34	18	22	10
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 8**

Percent of deaths attributed to SIDS that are autopsied

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	95	100	100	100	100
Annual Indicator	95.0	100.0	100.0	94.7	
Numerator	19	15	13	18	
Denominator	20	15	13	19	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 9**

Percent of CHIP eligible children who are enrolled in the program

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	45	47.5	50	50	50
Annual Indicator	69.3	41.2	38.6	41.0	62.6
Numerator	13,866	11,940	11,197	11,885	18,165
Denominator	20,000	29,000	29,000	29,000	29,000
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	65	70	75	80	85
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

## FORM NOTES FOR FORM 11

None

### FIELD LEVEL NOTES

1. **Section Number:** Performance Measure #1  
**Field Name:** PM01  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
In 2003 one child had a mild form of a condition and needed no treatment and one child the date of treatment initiation is unknown.
2. **Section Number:** Performance Measure #2  
**Field Name:** PM02  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
The 2002 indicator is based on the State estimates from SLAITS.
3. **Section Number:** Performance Measure #2  
**Field Name:** PM02  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
4. **Section Number:** Performance Measure #2  
**Field Name:** PM02  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.
5. **Section Number:** Performance Measure #3  
**Field Name:** PM03  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
The 2002 indicator is based on the State estimates from SLAITS.
6. **Section Number:** Performance Measure #3  
**Field Name:** PM03  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
7. **Section Number:** Performance Measure #3  
**Field Name:** PM03  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.
8. **Section Number:** Performance Measure #4  
**Field Name:** PM04  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
The 2002 indicator is based on the State estimates from SLAITS.
9. **Section Number:** Performance Measure #4  
**Field Name:** PM04  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
10. **Section Number:** Performance Measure #4  
**Field Name:** PM04  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.
11. **Section Number:** Performance Measure #5  
**Field Name:** PM05  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
The 2002 indicator is based on the State estimates from SLAITS.
12. **Section Number:** Performance Measure #5  
**Field Name:** PM05  
**Row Name:**

- Column Name:**  
**Year:** 2003  
**Field Note:**  
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
13. **Section Number:** Performance Measure #5  
**Field Name:** PM05  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.
14. **Section Number:** Performance Measure #6  
**Field Name:** PM06  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
Because only one of the States (Maine) met the NCHS standards for reliability for PM 6, the 2002 indicator is the national average except for Maine which has its State value noted.
15. **Section Number:** Performance Measure #6  
**Field Name:** PM06  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
16. **Section Number:** Performance Measure #6  
**Field Name:** PM06  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.
17. **Section Number:** Performance Measure #7  
**Field Name:** PM07  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
The percentage comes for the National Immunization Survey. No numbers are given as to how many were surveyed or how many are completely immunized.
18. **Section Number:** Performance Measure #7  
**Field Name:** PM07  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
The percentage comes for the National Immunization Survey. No numbers are given as to how many were surveyed or how many are completely immunized.
19. **Section Number:** Performance Measure #7  
**Field Name:** PM07  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
The percentage comes for the National Immunization Survey. No numbers are given as to how many were surveyed or how many are completely immunized.
20. **Section Number:** Performance Measure #8  
**Field Name:** PM08  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
Data not available for 2002, but will be available in November 2003.
21. **Section Number:** Performance Measure #8  
**Field Name:** PM08  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
Data from Idaho birth certificate data available due to revisions in birth certificate for 2004. Data will be available September 2005.
22. **Section Number:** Performance Measure #9  
**Field Name:** PM09  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
Data is from a survey of every third grade class in Idaho Falls school district # 91. State representative data will be available in 2005 from the Idaho State Smile Survey.
23. **Section Number:** Performance Measure #10  
**Field Name:** PM10  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
Data not available for 2002, but will be available by November 2003.
24. **Section Number:** Performance Measure #10  
**Field Name:** PM10

**Row Name:**

**Column Name:**

**Year:** 2004

**Field Note:**

Idaho mortality database not finalized because not all out of state deaths certificates have been received. Data will be available September 2005.

**25. Section Number:** Performance Measure #13

**Field Name:** PM13

**Row Name:**

**Column Name:**

**Year:** 2002

**Field Note:**

Data is from the Current Population Survey by the US Census Bureau for the years 2000-2001.

**26. Section Number:** Performance Measure #13

**Field Name:** PM13

**Row Name:**

**Column Name:**

**Year:** 2003

**Field Note:**

Data is from the Current Population Survey by the US Census Bureau for the years 2000-2001

Could not find numerator and denominator.

**27. Section Number:** Performance Measure #13

**Field Name:** PM13

**Row Name:**

**Column Name:**

**Year:** 2004

**Field Note:**

2004 CPS data not available.

**28. Section Number:** Performance Measure #14

**Field Name:** PM14

**Row Name:**

**Column Name:**

**Year:** 2002

**Field Note:**

Working on getting the figures for CY2001.

**29. Section Number:** Performance Measure #14

**Field Name:** PM14

**Row Name:**

**Column Name:**

**Year:** 2003

**Field Note:**

Data not available for 2003.

**30. Section Number:** Performance Measure #15

**Field Name:** PM15

**Row Name:**

**Column Name:**

**Year:** 2002

**Field Note:**

Data not available for 2002, but will be available by November 2003.

**31. Section Number:** Performance Measure #15

**Field Name:** PM15

**Row Name:**

**Column Name:**

**Year:** 2004

**Field Note:**

Data from Idaho birth certificate data available due to revisions in birth certificate for 2004. Data will be available September 2005.

**32. Section Number:** Performance Measure #16

**Field Name:** PM16

**Row Name:**

**Column Name:**

**Year:** 2002

**Field Note:**

Data not available for 2002, but will be available by November of 2003.

**33. Section Number:** Performance Measure #16

**Field Name:** PM16

**Row Name:**

**Column Name:**

**Year:** 2004

**Field Note:**

Idaho mortality database not finalized because not all out of state deaths certificates have been received. Data will be available September 2005.

**34. Section Number:** Performance Measure #17

**Field Name:** PM17

**Row Name:**

**Column Name:**

**Year:** 2002

**Field Note:**

data will be available for 2002 in approximately November of 2003.

**35. Section Number:** Performance Measure #17

**Field Name:** PM17

**Row Name:**

**Column Name:**

**Year:** 2003

**Field Note:**

Data for very low birth babies born at high-risk facilities are based on Idaho resident births in Idaho. Idaho does not receive hospital name for out of state births, therefore designation of high-risk facilities for babies born out of state is not available. Numerator is based on births to Idaho residents in Idaho and denominator is based on Idaho resident births.



36. **Section Number:** Performance Measure #17  
**Field Name:** PM17  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
Prior to data year 2003, Idaho hospitals with a NICU were used as a proxy measure. However, Idaho has since found errors in that proxy measure and currently does not have a replacement measure.
37. **Section Number:** Performance Measure #18  
**Field Name:** PM18  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
Data for 2002 not available, but will be available by November of 2003.
38. **Section Number:** Performance Measure #18  
**Field Name:** PM18  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
Data re based on records with known data for prenatal care and are for Idaho resident births.
39. **Section Number:** Performance Measure #18  
**Field Name:** PM18  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
Data from Idaho birth certificate data available due to revisions in birth certificate for 2004. Data will be available September 2005.
40. **Section Number:** State Performance Measure #4  
**Field Name:** SM4  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
The Child Mortality Team is just getting the cases together for 2001. They review two years out. Information will be included in next year's grant.
41. **Section Number:** State Performance Measure #4  
**Field Name:** SM4  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
The Idaho Child Mortality Review Team has been disbanded. A summary of their 5 years of work will be developed as a final document produced by the team. Essentially the first few years of reviews identified areas for improvement and as such recommendations were made. In the most recent year or two, the team believed they were basically reviewing similar types of deaths and that recommendations were just being repeated.
- The manner in which the data was being reported in 1999 compared to 2000 and 2001 is the reason the rate of review had declined. All the deaths are reviewed by a subcommittee of the team, but only those that are believed to have been preventable are reviewed in detail by the entire team. These preventable deaths, such as homicide, suicide, and SIDS, were the only ones reported as reviewed in 2000 and 2001. The objective is still correct in the sense that 100% of all those eligible for review were in fact reviewed.
- This measure will be replaced next year following completion of the 5 year needs assessment.
42. **Section Number:** State Performance Measure #4  
**Field Name:** SM4  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
The Idaho Child Mortality Review Team has been disbanded. A summary of their 5 years of work will be developed as a final document produced by the team. Essentially the first few years of reviews identified areas for improvement and as such recommendations were made. In the most recent year or two, the team believed they were basically reviewing similar types of deaths and that recommendations were just being repeated.
- The manner in which the data was being reported in 1999 compared to 2000 and 2001 is the reason the rate of review had declined. All the deaths are reviewed by a subcommittee of the team, but only those that are believed to have been preventable are reviewed in detail by the entire team. These preventable deaths, such as homicide, suicide, and SIDS, were the only ones reported as reviewed in 2000 and 2001. The objective is still correct in the sense that 100% of all those eligible for review were in fact reviewed.
- This measure will be replaced next year following completion of the 5 year needs assessment.
43. **Section Number:** State Performance Measure #5  
**Field Name:** SM5  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
A suggestion was made during the block grant review that we consider using an immunization rate for hepatitis A rather than simply reporting doses administered. CDC's national immunization survey does not include hepatitis A, so we have no practical way of determining a rate at this time. We will re-evaluate the value of this measure and may delete it from next year's application.
44. **Section Number:** State Performance Measure #6  
**Field Name:** SM6  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
Data is from a survey of all kindergarten classes in Idaho Falls school district # 91. State representative data for children age 5 years will be available in 2005 from Idaho State Smile Survey of kindergarten students and in 2006 from Head Start Smile Survey.
45. **Section Number:** State Performance Measure #7

**Field Name:** SM7  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
Information is for Calendar Year.

**46. Section Number:** State Performance Measure #8

**Field Name:** SM8  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**

The Bureau of Health Policy and Vital Statistics has not finalized this information yet. Will be made available as soon as possible.

**47. Section Number:** State Performance Measure #8

**Field Name:** SM8  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**

Percent of deaths to Idaho resident babies attributed to SIDS that are autopsied. Note: some SIDS deaths may occur out of state.

**48. Section Number:** State Performance Measure #8

**Field Name:** SM8  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**

Idaho mortality database not finalized. Data will be available September 2005.

**49. Section Number:** State Performance Measure #9

**Field Name:** SM9  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**

The denominator is an estimate by the Urban Institute.

**50. Section Number:** State Performance Measure #9

**Field Name:** SM9  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**

The denominator is an estimate by the Urban Institute.

**51. Section Number:** State Performance Measure #9

**Field Name:** SM9  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**

The denominator is an estimate by the Urban Institute.

**FORM 12**  
**TRACKING HEALTH OUTCOME MEASURES**  
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]  
**STATE: ID**

**OUTCOME MEASURE # 01**

The infant mortality rate per 1,000 live births.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	7.1	7	7	7	7
Annual Indicator	7.5		6.1	6.3	6.2
Numerator	152		127	138	
Denominator	20,305		20,973	21,794	
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	7	6	6	6	6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**OUTCOME MEASURE # 02**

The ratio of the black infant mortality rate to the white infant mortality rate.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	0	0	0	0	0
Annual Indicator	0.0		1.6	2.0	1.8
Numerator	0		9.8	12.7	
Denominator	7.5		6.1	6.3	
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	2	2	2	2	2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**OUTCOME MEASURE # 03**

The neonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	4.5	4.5	4.5	4.5	4.5
Annual Indicator	5.4		4.0	3.8	3.9
Numerator	109		84	82	
Denominator	20,305		20,973	21,794	
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	3.9	3.9	3.9	3.9	3.9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**OUTCOME MEASURE # 04**

The postneonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	2.6	2.5	2.5	2.5	2.5
Annual Indicator	2.1		2.1	2.6	2.5
Numerator	43		43	56	
Denominator	20,305		20,973	21,794	
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	2.5	2.5	2.5	2.5	2.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**OUTCOME MEASURE # 05**

The perinatal mortality rate per 1,000 live births plus fetal deaths.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	9.8	9.7	9.6	9.5	9.4
Annual Indicator	10.4		7.9	8.0	9
Numerator	211		167	175	
Denominator	20,304		21,069	21,901	
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	9.3	9	9	9	9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**OUTCOME MEASURE # 06**

The child death rate per 100,000 children aged 1 through 14.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	28.3	28.2	28.1	28	27.9
Annual Indicator	22.2		22.4	25.4	25
Numerator	63		64	73	
Denominator	283,307		285,388	287,714	
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	27.8	25	25	25	25
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

## FORM NOTES FOR FORM 12

None

### FIELD LEVEL NOTES

1. **Section Number:** Outcome Measure 1

**Field Name:** OM01

**Row Name:**

**Column Name:**

**Year:** 2004

**Field Note:**

Indicator provided is a provisional estimate.

Data from Idaho birth certificate data not available due to revisions in birth certificate for 2004. Data will be available September 2005.

2. **Section Number:** Outcome Measure 2

**Field Name:** OM02

**Row Name:**

**Column Name:**

**Year:** 2004

**Field Note:**

Indicator provided is a provisional estimate.

Data from Idaho birth certificate data not available due to revisions in birth certificate for 2004. Data will be available September 2005.

3. **Section Number:** Outcome Measure 3

**Field Name:** OM03

**Row Name:**

**Column Name:**

**Year:** 2004

**Field Note:**

Data from Idaho birth and death certificate data not available. Data will be available September 2005.

Indicator provided is a provisional estimate.

4. **Section Number:** Outcome Measure 4

**Field Name:** OM04

**Row Name:**

**Column Name:**

**Year:** 2004

**Field Note:**

Data from Idaho birth certificate data not available due to revisions in birth certificate for 2004. Data will be available September 2005.

Indicator provided is a provisional estimate.

5. **Section Number:** Outcome Measure 5

**Field Name:** OM05

**Row Name:**

**Column Name:**

**Year:** 2004

**Field Note:**

Data from Idaho birth and death certificate data not available due to revisions in birth certificate for 2004. Death data have not been finalized Data will be available September 2005.

2004 indicator provided is a provisional estimate.

6. **Section Number:** Outcome Measure 6

**Field Name:** OM06

**Row Name:**

**Column Name:**

**Year:** 2004

**Field Note:**

Idaho mortality database not finalized because not all out of state deaths certificates have been received. Data will be available September 2005.

**FORM 13**  
**CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS**  
**STATE: ID**

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

3

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

2

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

1

4. Family members are involved in service training of CSHCN staff and providers.

1

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

0

6. Family members of diverse cultures are involved in all of the above activities.

3

**Total Score:** 10

**Rating Key**

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

**FORM NOTES FOR FORM 13**

None

**FIELD LEVEL NOTES**

None



**FORM 14**  
**LIST OF MCH PRIORITY NEEDS**

[Sec. 505(a)(5)]

**STATE: ID FY: 2006**

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Pregnant Women and Children: Increase awareness of Medicaid programs for pregnant women and children across provider and community networks.
2. Perinatal Depression: Identify screening tools and work with state professional groups and the regional perinatal coalitions to develop mechanisms to assure appropriate use of the tools and availability of referral resources for perinatal depression.
3. EPSDT screenings: Develop strategies to assure that EPSDT screenings and follow up are occurring as appropriate for all infants, children and adolescents.
4. Adolescents: Assess the adolescent population risk behaviors and design interventions to target this population with input from teenagers and parents of targeted groups.
5. CSHCN: Strengthen the existing care coordination system and access to specialty care to address the complex care needs of all CSHCN.
6. Cultural Competency: Improve cultural competency across all programs that work with the Maternal and Child Health population.
7. Dental Health: Increase the awareness of the need for dental care during pregnancy and increase the number of women who seek dental care during pregnancy.
8. Health Education: Strengthen health education in the public schools, including developing strategies to assure that school health educators receive up to date training on health topics.
9. Systems Development: Develop and strengthen existing system collaboration efforts that focus on defined outcomes for the MCH population.
10. Overweight and obesity: Develop and implement strategies to reduce the problem of overweight and obesity among school age children.

**FORM NOTES FOR FORM 14**

None

**FIELD LEVEL NOTES**

None

**FORM 15**  
**TECHNICAL ASSISTANCE(TA) REQUEST**

STATE: ID

APPLICATION YEAR: 2006

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	<b>General Systems Capacity Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>      N/A      </u>	Dental consultation for the dental health project.	Idaho is initiating and dental project for which we have no previous experience.	We have identified a couple of dentist and dental hygienist that are available to provide consultation.
2.	<b>General Systems Capacity Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>      N/A      </u>	State to State consultation from a State with a "model" CSHCN program.	Idaho is in the process of transitioning away from being a payor of health care CSHCN to focusing on systems issues.	We would like a recommendation from MCHB based on experience with other states
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

**FORM NOTES FOR FORM 15**

None

**FIELD LEVEL NOTES**

None

**FORM 16**  
**STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET**  
**STATE: ID**

SP # 1

**PERFORMANCE MEASURE:**

Proportion of all pregnancies seen in Reproductive Health Clinics that are unintended

**STATUS:**

Active

**GOAL**

To reduce unintended pregnancies through family planning services and educational initiatives.

**DEFINITION**

**Numerator:**

Total number of unintended pregnancies in Reproductive Health clinics statewide.

**Denominator:**

Total number of pregnancies in Reproductive Health clinics statewide.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

State Reproductive Health Program Data

**SIGNIFICANCE**

Without effective contraception, 89 percent of couples who engage in sexual intercourse regularly will conceive within one year. Teenagers account for about one third of unintended pregnancies with three quarters of teenage pregnancies occurring among teens who are not practicing contraception. Effective family planning and avoidance of unintended pregnancy can improve infant health. The Institute of Medicine's 1985 report "Preventing Low Birthweight" found that the reduction in infant mortality in the United States over the past 20 years is due in part to effective family planning. According to the IOM Report, "The Best Intentions Summary, 1995, Studies show with unintended pregnancies, especially those that are unwanted, the mother is more likely to seek prenatal care after the first trimester or not to obtain care. She is more likely to expose the fetus to harmful substances such as tobacco or alcohol. The child of an unwanted conception is at greater risk of weighing less than 2,500 grams at birth, of dying in its first year of life, of being abused, and of not receiving sufficient resources for healthy development.

SP # 2

**PERFORMANCE MEASURE:**

Percent of positive pregnancy tests in Reproductive Health program participants of less than 20 years old

**STATUS:**

Active

**GOAL**

To reduce adolescent pregnancy rates through family planning services and educational initiatives.

**DEFINITION**

**Numerator:**

Number of positive pregnancy tests in Reproductive Health clinic clients less than 20 years of age.

**Denominator:**

Total number of Reproductive Health clinic clients less than 20 years of age.

**Units:** 100    **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

State Reproductive Health Data

**SIGNIFICANCE**

The negative effects of unintended adolescent pregnancy include poor pregnancy outcome, emotional and psychological disruption, social and economic effects on the adolescent and her child, and economics consequences for society at large. In addition to the personal costs to teen parents and their babies, societal costs of teen childbearing are immense.

SP # 3

**PERFORMANCE MEASURE:**

Use of the Idaho CareLine as a clearinghouse (information/referral service) of information for non-health related children's social and developmental services

**STATUS:**

Active

**GOAL**

Expand the Idaho CareLine to be the provider of clearinghouse information on services for young children, birth to three years old.

**DEFINITION**

Calls for service categories other than those previously designated for the "MCH toll-free number". This would typically include such categories as abuse/neglect, childcare, early learning, health insurance, self-reliance, social services, etc.

**Numerator:**

Number of calls for non-health related children's social and developmental services.

**Denominator:**

One

**Units:**   **Text:** N.A.

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Idaho CareLine

**SIGNIFICANCE**

There are a number of services for very young children in Idaho, but no one place where a parent can turn to find out about all of them. Idaho's Governor has asked for creation of an early child development information clearinghouse for parents, professionals, and the community for easy access to information on early child development.



SP # 4

**PERFORMANCE MEASURE:**

Percent of child deaths reviewed by the Idaho Child Mortality Review Team

**STATUS:**

Active

**GOAL**

To reduce infant mortality through review of death reports for trends accompanied by appropriate health promotion intervention and system improvements.

**DEFINITION**

**Numerator:**

Number of child deaths reviewed.

**Denominator:**

Total number of child deaths under 18 years of age.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

State death certificates, police, coroner, and autopsy records, crash analysis reporting system records, child protective service records, public health lab genetics records, birth certificates, prehospital care records, and poison control records.

**SIGNIFICANCE**

A review of all child deaths will lead to identification of potentially preventable deaths among Idaho children by identifying risk factors which lead to preventable deaths. As a result, specific and feasible recommendations will be made to the Governor on ways in which child mortality may be reduced in Idaho.

SP # <u>5</u>	
PERFORMANCE MEASURE:	Doses of hepatitis A vaccine administered to children at kindergarten entry
STATUS:	Active
GOAL	To reduce the rate of incidence of hepatitis A
DEFINITION	<p><b>Numerator:</b> Number of doses of hepatitis A vaccine administered to children at kindergarten entry</p> <p><b>Denominator:</b> One</p> <p><b>Units:</b> 1   <b>Text:</b> N/A</p>
HEALTHY PEOPLE 2010 OBJECTIVE	
DATA SOURCES AND DATA ISSUES	Idaho Immunization Program doses administered data
SIGNIFICANCE	Hepatitis A remains one of the most frequently reported vaccine preventable diseases. Current recommendations for the use of hepatitis A vaccine focus primarily on protecting individuals at risk of infection, and preventing infections in those communities or populations with very high rates of disease. A shift is needed from the present strategy, which emphasizes control of community wide hepatitis A outbreaks, to a strategy that focuses on achieving a sustained reduction in disease incidence through prevention of high disease rates in states and communities. Children living in states or communities (including counties or groups of counties) with hepatitis A rates consistently higher than the national average should be vaccinated against hepatitis A.

SP # 6

**PERFORMANCE MEASURE:**

Percent of children age 5 years who are caries-free in their primary teeth (have no decayed, missing or filled teeth due to tooth decay)

**STATUS:**

Active

**GOAL**

To prevent early childhood caries

**DEFINITION**

**Numerator:**

Number of children age 5 years who are caries-free

**Denominator:**

Number of children age 5 years in the State during the year

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Data on prevalence of baby bottle tooth decay (early childhood caries) is collected annually via the WIC Program nutritional risk screening. During FY 2002, baseline data will be collected on a representative sample of kindergarten students.

**SIGNIFICANCE**

Dental caries is the single most chronic disease of childhood, occurring five to eight times as frequently as asthma, the second most chronic disease in children. Early childhood caries (ECC) affects the primary teeth of infants and young children age 1 to 6 years. Possible risk factors include large family size, age and education of the mother, nutritional status of the mother and infant, transfer of infectious organisms from parent or caregiver to infant, and lack of early and routine preventive dental care. Idaho State Smile Survey data collected over the past 15 years shows the need to: 1) start earlier to prevent dental disease, and 2) increase early access to dental care for low-income children. By the second grade, 60% of Idaho students have experienced tooth decay and 27% have unmet treatment needs. According to WIC Program data, 13% of clients age 48 to 59 months have baby bottle tooth decay.

SP # 7

**PERFORMANCE MEASURE:**

Percent of investigations completed on children with elevated blood lead levels

**STATUS:**

Active

**GOAL**

To reduce the morbidity associated with elevated blood lead levels in children.

**DEFINITION**

Beginning in FY 1999, completion of an investigation will include a follow-up within six months with documentation of a reduction in blood lead level to <10 ug/dL.

**Numerator:**

Number of investigations completed on children with elevated blood lead levels.

**Denominator:**

Total number of reported elevated blood lead levels (>10 ug/dL) in children.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Idaho Epidemiology Program

**SIGNIFICANCE**

High blood lead levels are among the most prevalent childhood conditions and the most prevalent environmental threat to the health of children in United States. Health effects of highly elevated lead levels include coma, convulsions, profound irreversible mental retardation and seizures, and death. Lead in the home environment is the major remaining source of human lead exposure. Thorough investigations are necessary to identify sources of exposure. Investigation of children with elevated blood levels will be conducted to identify potential exposure pathways and suggest methods of interrupting exposure.

SP # 8

**PERFORMANCE MEASURE:**

Percent of deaths attributed to SIDS that are autopsied

**STATUS:**

Active

**GOAL**

To obtain accurate data on the number of SIDS deaths that occur in the state by providing funds for autopsies as part of the exclusionary diagnosis.

**DEFINITION**

Deaths in infants <1 year of age in which SIDS is the likely cause as determined by the coroner.

**Numerator:**

Number of deaths attributed to SIDS that are autopsied.

**Denominator:**

Total number of deaths attributed to SIDS that are reported.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Vital records collected by the state.

**SIGNIFICANCE**

This period of mortality reflects the environment and the care infants receive. SIDS deaths occur during this period and have been recently reduced due to new infant positioning in the U.S. Idaho's 1997 SIDS rate was approximately 55 percent higher than the preliminary U.S. rate. However, the diagnosis of SIDS is an exclusionary diagnosis that is made after an autopsy, a death scene investigation, and a complete medical history. It is unclear if all deaths currently attributed to SIDS have met this criteria. This review process should all us a greater ability to accurately track such deaths.

SP # 9

**PERFORMANCE MEASURE:**

Percent of CHIP eligible children who are enrolled in the program

**STATUS:**

Active

**GOAL**

To work as a partner with Medicaid in providing outreach to encourage enrollment of eligible children into the Children's Health Insurance Program (CHIP).

**DEFINITION**

**Numerator:**

Number of children under 19 in the state who are enrolled in the Children's Health Insurance Program (CHIP)

**Denominator:**

Number of children under 19 in the state who are eligible for the CHIP program

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Idaho Medicaid Program

**SIGNIFICANCE**

As indicated in the National Core Performance Measure #12, uninsured individuals are more likely to have an episode of needing and not getting medical care. Children without health insurance have an average of 1 less visit per year and receive less treatment than insured children with similar problems.

**FORM NOTES FOR FORM 16**

None

**FIELD LEVEL NOTES**

None

**FORM 17**  
**HEALTH SYSTEMS CAPACITY INDICATORS**  
**FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA**  
**STATE: ID**

**HEALTH SYSTEMS CAPACITY MEASURE # 01**

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	0.2	21.4	26.1	28.0	28.0
Numerator	1	99	129	145	153
Denominator	45,775	46,164	49,406	51,875	54,629
Is the Data Provisional or Final?				Final	Final

**HEALTH SYSTEMS CAPACITY MEASURE # 02**

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	100.0	69.6	69.5	70.5	72.6
Numerator	1	14,162	14,804	15,706	16,985
Denominator	1	20,361	21,296	22,276	23,406
Is the Data Provisional or Final?				Final	Final

**HEALTH SYSTEMS CAPACITY MEASURE # 03**

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	100.0	47.8	54.0	42.9	42.0
Numerator	1	300	302	210	235
Denominator	1	627	559	490	559
Is the Data Provisional or Final?				Final	Final

**HEALTH SYSTEMS CAPACITY MEASURE # 04**

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	71.2	74.6	75.6	76.8	
Numerator	13,822	14,147	15,187	15,955	
Denominator	19,426	18,968	20,092	20,777	
Is the Data Provisional or Final?				Final	



**HEALTH SYSTEMS CAPACITY MEASURE # 07**

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	48.6	44.2	45.3	48.0	49.2
Numerator	7,738	10,138	11,265	14,952	16,759
Denominator	15,922	22,918	24,864	31,177	34,068
Is the Data Provisional or Final?				Final	Final

**HEALTH SYSTEMS CAPACITY MEASURE # 08**

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	2,820	2,873	2,726	3,077	1,949
Is the Data Provisional or Final?				Final	Provisional

## FORM NOTES FOR FORM 17

None

### FIELD LEVEL NOTES

1. **Section Number:** Health Systems Capacity Indicator #01  
**Field Name:** HSC01  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
Based on Medicaid data for Medicaid clients only.
2. **Section Number:** Health Systems Capacity Indicator #01  
**Field Name:** HSC01  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
Medicaid data only.
3. **Section Number:** Health Systems Capacity Indicator #02  
**Field Name:** HSC02  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
Data for years prior to 2001 are not readily available.
4. **Section Number:** Health Systems Capacity Indicator #02  
**Field Name:** HSC02  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
Data not available prior to 2001.
5. **Section Number:** Health Systems Capacity Indicator #03  
**Field Name:** HSC03  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
Data for years prior to 2001 are not readily available.
6. **Section Number:** Health Systems Capacity Indicator #03  
**Field Name:** HSC03  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
Data prior to 2001 not available.
7. **Section Number:** Health Systems Capacity Indicator #04  
**Field Name:** HSC04  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
2002 data not available at this time.
8. **Section Number:** Health Systems Capacity Indicator #04  
**Field Name:** HSC04  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
Data are for Idaho resident births and are based on records with known data for calculating the index.
9. **Section Number:** Health Systems Capacity Indicator #04  
**Field Name:** HSC04  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
Data from Idaho birth certificate unavailable due to revisions in birth certificate for 2004. Data will be available September 2005.
10. **Section Number:** Health Systems Capacity Indicator #08  
**Field Name:** HSC08  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
All youngsters who receive SSI in Idaho automatically qualify for a medical card through Idaho Medicaid. Medicaid, rather than Title V, pays for all rehabilitation services.
11. **Section Number:** Health Systems Capacity Indicator #08  
**Field Name:** HSC08  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
All youngsters who receive SSI in Idaho automatically qualify for a medical card through Idaho Medicaid. Medicaid, rather than Title V, pays for all rehabilitation services.
12. **Section Number:** Health Systems Capacity Indicator #08  
**Field Name:** HSC08  
**Row Name:**

**Column Name:**

**Year:** 2004

**Field Note:**

All children who receive SSI in Idaho automatically qualify for a medical card through Idaho Medicaid. Medicaid, rather than Title V, pays for all necessary rehabilitation services.

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #05**  
**(MEDICAID AND NON-MEDICAID COMPARISON)**  
**STATE: ID**

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) Percent of low birth weight (< 2,500 grams)	2003	Payment source from birth certificate	<u>7.1</u>	<u>6.2</u>	<u>6.5</u>
b) Infant deaths per 1,000 live births	2003	Payment source from birth certificate	<u>6.6</u>	<u>5.4</u>	<u>6.3</u>
c) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	2003	Payment source from birth certificate	<u>73.5</u>	<u>85.6</u>	<u>81.3</u>
d) Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])	2003	Payment source from birth certificate	<u>70.2</u>	<u>80.3</u>	<u>76.8</u>

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06 (MEDICAID ELIGIBILITY LEVEL)**  
**STATE: ID**

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) Infants (0 to 1)	2004	<u>133</u>
b) Medicaid Children (Age range <u>1</u> to <u>5</u> ) (Age range <u>6</u> to <u>18</u> ) (Age range <u>19</u> to <u>19</u> )	2004	<u>133</u> <u>133</u> <u>100</u>
c) Pregnant Women	2004	<u>133</u>

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06 (SCHIP ELIGIBILITY LEVEL)**  
**STATE: ID**

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) Infants (0 to 1)	2004	<u>150</u>
b) Medicaid Children (Age range <u>1</u> to <u>2</u> ) (Age range <u>2</u> to <u>3</u> ) (Age range <u>3</u> to <u>19</u> )	2004	<u>150</u> <u>150</u> <u>150</u>
c) Pregnant Women	2004	<u>133</u>

**FORM NOTES FOR FORM 18**

Data are based on Idaho resident births. Note that payment source for out of state births is not collected. Data for "all" includes births with Medicaid, non-Medicaid, and unknown payment method.

**FIELD LEVEL NOTES**

None

**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: ID**

**HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)**  
*(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)*

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
<b>ANNUAL DATA LINKAGES</b>		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	1	No
<b>REGISTRIES AND SURVEYS</b>		
Hospital discharge survey for at least 90% of in-State discharges	1	No
Annual birth defects surveillance system	1	No
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

\*Where:  
1 = No, the MCH agency does not have this ability.  
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.  
3 = Yes, the MCH agency always has this ability.

**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: ID**

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	No
Other:		

**HEALTH SYSTEMS CAPACITY INDICATOR #09C (Data Capacity) Overweight/Obesity**  
*(The Ability of the State to Determine the Percent of Children Who are Obese or Overweight)*

Data Source	Does your state participate in this survey/data source? (Select 1 - 3)*	Does your MCH program have direct access to this electronic database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	No
Pediatric Nutrition Surveillance System (PedNSS)	3	Yes
WIC Program Data	3	Yes
Other:		

\*Where:

1 = No

2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.

3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

**Notes:**

1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

**FORM NOTES FOR FORM 19**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Indicator 09A  
**Field Name:** BAW  
**Row Name:** Annual linkage of birth certificates and WIC eligibility files  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
Assessing the feasibility of establishing this linkage will be part of the work done in the upcoming grant year of the Idaho State Systems Development Initiative Grant.



**FORM 20**  
**HEALTH STATUS INDICATORS #01-#05**  
**MULTI-YEAR DATA**  
**STATE: ID**

**HEALTH STATUS INDICATOR MEASURE # 01A**

The percent of live births weighing less than 2,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	6.7	6.4	6.2	6.5	6.5
Numerator	1,357	1,333	1,289	1,415	
Denominator	20,294	20,686	20,954	21,780	
Is the Data Provisional or Final?				Final	Provisional

**HEALTH STATUS INDICATOR MEASURE # 01B**

The percent of live singleton births weighing less than 2,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	5.0	0.7	4.8	4.2	4.2
Numerator	995	134	969	876	
Denominator	19,708	20,109	20,353	21,105	
Is the Data Provisional or Final?				Final	Provisional

**HEALTH STATUS INDICATOR MEASURE # 02A**

The percent of live births weighing less than 1,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	1.1	1.0	1.0	1.1	1
Numerator	220	200	201	228	
Denominator	20,294	20,686	20,954	21,108	
Is the Data Provisional or Final?				Final	Provisional

**HEALTH STATUS INDICATOR MEASURE # 02B**

The percent of live singleton births weighing less than 1,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	0.9		0.7	0.7	0.7
Numerator	170		147	142	
Denominator	19,708		20,353	21,108	
Is the Data Provisional or Final?				Final	Provisional

**HEALTH STATUS INDICATOR MEASURE # 03A**

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	12.5	14.9	10.8	10.7	10.7
Numerator	38	46	33	33	
Denominator	303,007	309,622	305,614	307,803	
Is the Data Provisional or Final?				Final	Provisional

**HEALTH STATUS INDICATOR MEASURE # 03B**

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	6.3	5.5	5.6	6.8	6
Numerator	19	17	17	21	
Denominator	303,007	309,622	305,614	307,803	
Is the Data Provisional or Final?				Final	Provisional

**HEALTH STATUS INDICATOR MEASURE # 03C**

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	31.7	38.3	33.2	32.7	33
Numerator	65	80	71	71	
Denominator	204,852	208,765	213,861	217,325	
Is the Data Provisional or Final?				Final	Provisional

**HEALTH STATUS INDICATOR MEASURE # 04A**

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator					999
Numerator					
Denominator					
Is the Data Provisional or Final?					Provisional

**HEALTH STATUS INDICATOR MEASURE # 04B**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	427.7				999
Numerator	1,296				
Denominator	303,007				
Is the Data Provisional or Final?					Provisional

**HEALTH STATUS INDICATOR MEASURE # 04C**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	2,493.0			3,844.9	3,801.7
Numerator	5,107			8,356	8,419
Denominator	204,852			217,325	221,454
Is the Data Provisional or Final?				Final	Provisional

**HEALTH STATUS INDICATOR MEASURE # 05A**

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	11.5		13.3	17.6	14.0
Numerator	631		709	931	752
Denominator	54,807		53,240	52,842	53,846
Is the Data Provisional or Final?				Final	Provisional

**HEALTH STATUS INDICATOR MEASURE # 05B**

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	3.5		6.6	4.3	5.7
Numerator	758		1,522	1,016	1,364
Denominator	216,516		230,878	234,093	238,541
Is the Data Provisional or Final?				Final	Provisional

## FORM NOTES FOR FORM 20

None

### FIELD LEVEL NOTES

1. **Section Number:** Health Status Indicator #01A  
**Field Name:** HSI01A  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
Data is only available for CY2001.
2. **Section Number:** Health Status Indicator #01A  
**Field Name:** HSI01A  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
6.5 entered as a provisional estimate.  
Data from Idaho birth certificate data available due to revisions in birth certificate for 2004. Data will be available September 2005.
3. **Section Number:** Health Status Indicator #01B  
**Field Name:** HSI01B  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
Data is only available for CY 2001.
4. **Section Number:** Health Status Indicator #01B  
**Field Name:** HSI01B  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
Denominator is total live births - births with unknown birth weight.
5. **Section Number:** Health Status Indicator #01B  
**Field Name:** HSI01B  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
4.2 entered as provisional estimate.  
Actual data from Idaho birth certificate data available due to revisions in birth certificate for 2004. Data will be available September 2005.
6. **Section Number:** Health Status Indicator #02A  
**Field Name:** HSI02A  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
Data only available for CY2001.
7. **Section Number:** Health Status Indicator #02A  
**Field Name:** HSI02A  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
Denominator is total live births - biths with unknown birth weight.
8. **Section Number:** Health Status Indicator #02A  
**Field Name:** HSI02A  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
2004 annual indicator entered as provisional estimate. Data not available.
9. **Section Number:** Health Status Indicator #02B  
**Field Name:** HSI02B  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
The denominator for indicators with birth weight is total live births - births with unknown birth weight.
10. **Section Number:** Health Status Indicator #02B  
**Field Name:** HSI02B  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
2004 indicator entered as a provisional estimate. 2004 data not available.
11. **Section Number:** Health Status Indicator #03A  
**Field Name:** HSI03A  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
2004 Indicator provisional estimate.  
Idaho mortality database not finalized because not all out of state deaths certificates have been received. Data will be available September 2005.

12. **Section Number:** Health Status Indicator #03B  
**Field Name:** HSI03B  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
2004 Indicator provisional estimate.  
Idaho mortality database not finalized because not all out of state deaths certificates have been received. Data will be available September 2005.
13. **Section Number:** Health Status Indicator #03C  
**Field Name:** HSI03C  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
2004 Indicator provisional estimate.  
Idaho mortality database not finalized because not all out of state deaths certificates have been received. Data will be available September 2005.
14. **Section Number:** Health Status Indicator #04A  
**Field Name:** HSI04A  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
Idaho does not have a mechanism in place to collect this information.
15. **Section Number:** Health Status Indicator #04A  
**Field Name:** HSI04A  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
Could not identify a source of data.
16. **Section Number:** Health Status Indicator #04A  
**Field Name:** HSI04A  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
Could not identify a source of data.  
Entered 999 so that the form would save.
17. **Section Number:** Health Status Indicator #04B  
**Field Name:** HSI04B  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
Data source not identified for 2002.
18. **Section Number:** Health Status Indicator #04B  
**Field Name:** HSI04B  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
Data source not identified for 2003.
19. **Section Number:** Health Status Indicator #04B  
**Field Name:** HSI04B  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
Data source not identified for 2004.  
  
Entered a 999 to save the data; this is not an actual indicator.
20. **Section Number:** Health Status Indicator #04C  
**Field Name:** HSI04C  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
Data source not identified.
21. **Section Number:** Health Status Indicator #04C  
**Field Name:** HSI04C  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
Data source not identified.
22. **Section Number:** Health Status Indicator #04C  
**Field Name:** HSI04C  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
Data source not identified.  
  
Entered 999 so that the form would save; it is not meant as an indicator.

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: ID**

**HSI #06A - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2004    Is this data from a State Projection? Yes    Is this data final or provisional? Provisional

<b>CATEGORY TOTAL POPULATION BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	20,470	19,761	122	356	231			
Children 1 through 4	82,990	79,652	873	1,508	957			
Children 5 through 9	101,992	97,348	1,348	2,012	1,284			
Children 10 through 14	108,199	103,707	1,067	2,208	1,217			
Children 15 through 19	111,047	106,542	905	2,191	1,409			
Children 20 through 24	110,408	105,762	1,100	1,912	1,634			
Children 0 through 24	535,106	512,772	5,415	10,187	6,732	0	0	0

**HSI #06B - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

<b>CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	17,677	2,794	
Children 1 through 4	71,239	11,751	
Children 5 through 9	87,781	14,211	
Children 10 through 14	95,047	13,151	
Children 15 through 19	99,473	11,574	
Children 20 through 24	98,249	12,159	
Children 0 through 24	469,466	65,640	0

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: ID**

**HSI #07A - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2004    Is this data from a State Projection? Yes    Is this data final or provisional? Provisional

<b>CATEGORY TOTAL LIVE BIRTHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Women < 15	19	18	0	1	0	0	0	0
Women 15 through 17	191	151	5	18	4	2	0	11
Women 18 through 19	1,559	1,471	11	44	7	2	0	24
Women 20 through 34	17,959	17,099	86	279	273	15	0	207
Women 35 or older	2,109	2,010	4	25	45	2	0	23
Women of all ages	21,837	20,749	106	367	329	21	0	265

**HSI #07B - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

<b>CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Women < 15	11	8	0
Women 15 through 17	367	184	4
Women 18 through 19	1,185	358	17
Women 20 through 34	15,646	2,199	114
Women 35 or older	1,853	244	14
Women of all ages	19,062	2,993	149

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: ID**

**HSI #08A - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2004    Is this data from a State Projection? Yes    Is this data final or provisional? Provisional

<b>CATEGORY TOTAL DEATHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	142	132	1	1	0	0	1	7
Children 1 through 4	31	26	0	2	0	0	2	1
Children 5 through 9	14	13	0	0	1	0	0	0
Children 10 through 14	30	27	0	0	0	0	0	3
Children 15 through 19	80	72	0	3	2	0	0	3
Children 20 through 24	96	89	0	5	1	0	0	1
Children 0 through 24	393	359	1	11	4	0	3	15

**HSI #08B - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

<b>CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	116	24	2
Children 1 through 4	25	6	0
Children 5 through 9	14	0	0
Children 10 through 14	26	4	0
Children 15 through 19	73	7	0
Children 20 through 24	82	13	0
Children 0 through 24	336	54	2



**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: ID**

**HSI #09A - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

<b>CATEGORY Miscellaneous Data BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>	<b>Specific Reporting Year</b>
All children 0 through 19	845,080	424,698.0	407,010.0	8,274.0	5,098.0				2004
Percent in household headed by single parent	25.0	10.3	0.1	0.3	0.1	0	0.3	0.6	2004
Percent in TANF (Grant) families	3.3	3.3	14.1	5.8	1.4	5.8	4.6		2004
Number enrolled in Medicaid	150,713	143,650.0	1,853.0	4,025.0	899.0	286.0			2004
Number enrolled in SCHIP	20,079	19,222.0	151.0	405.0	88.0	34.0	179.0		2004
Number living in foster home care	1,809	1,809.0							2004
Number enrolled in food stamp program	81,327	76,315.0	955.0	2,546.0	477.0	159.0	875.0		2004
Number enrolled in WIC	46,307	46,307.0							2004
Rate (per 100,000) of juvenile crime arrests	4,511.8								2004
Percentage of high school drop-outs (grade 9 through 12)	3.9								2004

**HSI #09B - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

<b>CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>	<b>Specific Reporting Year</b>
All children 0 through 19	371,217.0	53,481.0		2004
Percent in household headed by single parent	9.9	12.3		2004
Percent in TANF (Grant) families	3.0	6.8	3.3	2004
Number enrolled in Medicaid	121,136.0	29,613.0		2004
Number enrolled in SCHIP	15,650.0	4,250.0		2004
Number living in foster home care			2,904.0	2004
Number enrolled in food stamp program	63,518.0	16,060.0		2004
Number enrolled in WIC	29,314.0	11,009.0		2004
Rate (per 100,000) of juvenile crime arrests			4,502.8	2004
Percentage of high school drop-outs (grade 9 through 12)			3.8	2004

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: ID**

**HSI #10 - Demographics (Geographic Living Area)** *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2004    Is this data from a State Projection? Yes    Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	92,461
Living in urban areas	192,436
Living in rural areas	109,481
Living in frontier areas	30,319
<b>Total - all children 0 through 19</b>	<b>332,236</b>

**Note:**

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: ID**

**HSI #11 - Demographics (Poverty Levels)** *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2004    Is this data from a State Projection? Yes    Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	1,381,764.0
Percent Below: 50% of poverty	4.6
100% of poverty	14.0
200% of poverty	35.0

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: ID**

**HSI #12 - Demographics (Poverty Levels)** *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2004    Is this data from a State Projection? Yes    Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	378,049.0
Percent Below: 50% of poverty	1.7
100% of poverty	14.0
200% of poverty	45.0

## FORM NOTES FOR FORM 21

State provisional estimates based on 2003 population data (bridged race estimates released 8/18/04) with a growth factor of 1.9%.

Form 8A,B uses a growth factor of 2.96%

Poverty data were obtained from the Current Population Survey; 2004 annual social and economic supplement. A growth factor of 1.9% was applied to the 2003 data to estimate 2004. This data represents children 0-18 rather than 0-19. Note: that the total population figures were taken from this same source and may not match other population figures exactly. No source for below 50% of poverty has been identified.

### FIELD LEVEL NOTES

1. **Section Number:** Indicator 09A  
**Field Name:** HSIRace\_SingleParentPercent  
**Row Name:** Percent in household headed by single parent  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
Source: Idaho Kids Count
2. **Section Number:** Indicator 09A  
**Field Name:** HSIRace\_TANFPercent  
**Row Name:** Percent in TANF (Grant) families  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
Data not available.
3. **Section Number:** Indicator 09A  
**Field Name:** HSIRace\_WICNo  
**Row Name:** Number enrolled in WIC  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
the way the data are collected precludes using this form to present the data. The total number enrolled is 40,323. However, WIC data only break out the races as Non-Hispanic. Therefore a total on this form would not include people of Hispanic origin.
4. **Section Number:** Indicator 09A  
**Field Name:** HSIRace\_JuvenileCrimeRate  
**Row Name:** Rate (per 100,000) of juvenile crime arrests  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
2003 data. Source: Crime in Idaho
5. **Section Number:** Indicator 09A  
**Field Name:** HSIRace\_DropOutPercent  
**Row Name:** Percentage of high school drop-outs (grade 9 through 12)  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
Data year 02-03  
Source: Department of Education
6. **Section Number:** Indicator 10  
**Field Name:** Metropolitan  
**Row Name:** Living in metropolitan areas  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
could not identify source
7. **Section Number:** Indicator 11  
**Field Name:** S11\_50percent  
**Row Name:** Percent Below: 50% of poverty  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
could not identify source.
8. **Section Number:** Indicator 12  
**Field Name:** S12\_50percent  
**Row Name:** Percent Below: 50% of poverty  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
Could not identify source.

**NEW STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET**  
**STATE: ID**

SP # 1

**PERFORMANCE MEASURE:**

Percent of mothers who were screened for post partum depression within one month following delivery.

**GOAL**

To increase the number of pregnant women who either are depressed or are at risk for depression that are identified and referred for help.

**DEFINITION**

**Numerator:**

Number of new mothers who were screened for depression within one month following delivery.

**Denominator:**

Number of new mothers who were surveyed.

**Units:** 100 **Text:** 1

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Idaho's Pregnancy Risk Assessment Tracking System

**SIGNIFICANCE**

In 2001, 40.2% of mothers reported mild depression sometime during the first 3 months following delivery of their child. 14.8% reported moderate depression and 6.0% reported being very depressed. Postpartum depression disorders occur in as many as 85% of women. These may range from baby blues to severe depression in up to 15% of these women. Postpartum depression usually presents 2-3 weeks following delivery, but signs may occur during pregnancy, as early as 28 weeks. A concern is that the patient's care provider may not acknowledge that she has a problem and some physicians still do not believe perinatal depression exists. Currently there is a lack of health care providers to address the mental health needs of pregnant women and those suffering from postpartum depression. Work needs to be done to establish a referral network so that when a provider identifies a patient they have someone to send the woman to for help.

**OBJECTIVE**

2006	2007	2008	2009	2010
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SP # 2

**PERFORMANCE MEASURE:**

The percent of Medicaid and SCHIP children ages 1 and 2 that received the expected number of EPSDT screens.

**GOAL**

To improve the health of children who may be at high risk for poor health.

**DEFINITION**

**Numerator:**

Number of Medicaid and SCHIP 1 and 2 year old children that received the expected number of EPSDT screens.

**Denominator:**

Number of Medicaid and SCHIP 1 and 2 year old children that are eligible for EPSDT screening.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Idaho Medicaid

**SIGNIFICANCE**

Children of families who are lower income tend to be at higher risk for health issues resulting from various factors such as poor nutrition. EPSDT screening is method for early identification and intervention for these children.

**OBJECTIVE**

2006	2007	2008	2009	2010
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SP # 3

**PERFORMANCE MEASURE:**

Percent of 9th - 12th grade students that report having engaged in sexual intercourse.

**GOAL**

Reduce the number of teens that are infected with an STD and/or experience an unplanned pregnancy.

**DEFINITION**

**Numerator:**

Number of 9th – 12th grade students who had sexual intercourse

**Denominator:**

Number of 9th – 12th grade students surveyed

**Units:** 100 **Text:** 1

**HEALTHY PEOPLE 2010 OBJECTIVE**

25-11.

Increase the proportion of adolescents who abstain from sexual intercourse or use condoms if currently sexually active to 95%.

**DATA SOURCES AND DATA ISSUES**

Idaho Youth Behavioral Risk Factor Survey.

**SIGNIFICANCE**

Unintended pregnancies and sexually transmitted diseases (STDs), including infection with the human immunodeficiency virus that causes AIDS, can result from unprotected sexual behaviors. Abstinence is the only method of complete protection. Condoms, if used correctly and consistently, can help prevent both unintended pregnancy and STDs. Half of all pregnancies in the United States are unintended; that is, at the time of conception the pregnancy was not planned or not wanted. Unintended pregnancy rates in the United States have been declining. The rates remain highest among teenagers, women aged 40 years or older, and low-income African American women. Approximately 1 million teenage girls each year in the United States have unintended pregnancies. Nearly half of all unintended pregnancies end in abortion. Sexually transmitted diseases are common in the United States, with an estimated 15 million new cases of STDs reported each year. Almost 4 million of the new cases of STDs each year occur in adolescents. Women generally suffer more serious STD complications than men, including pelvic inflammatory disease, ectopic pregnancy, infertility, chronic pelvic pain, and cervical cancer from the human papilloma virus. African Americans and Hispanics have higher rates of STDs than whites. According to the 2003 Idaho YRBSS, 36.4% of 9th - 12th grade students reported having sexual intercourse.

**OBJECTIVE**

2006	2007	2008	2009	2010
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SP # 4

**PERFORMANCE MEASURE:**

Percent of 9th – 12th grade students who used any type of tobacco in the past 30 days

**GOAL**

To reduce the number of teens that try tobacco for the first time and prevent ongoing use.

**DEFINITION**

**Numerator:**

Number of 9th – 12th grade students who used any type of tobacco in the past 30 days

**Denominator:**

Number of 9th – 12th grade students Surveyed

**Units:**   **Text:** 0

**HEALTHY PEOPLE 2010 OBJECTIVE**

27-2b.

Reduce cigarette smoking by adolescents to 10%.

**DATA SOURCES AND DATA ISSUES**

Idaho Youth Risk Behavior Surveillance system.

**SIGNIFICANCE**

Cigarette smoking is the single most preventable cause of disease and death in the United States. Smoking results in more deaths each year in the United States than AIDS, alcohol, cocaine, heroin, homicide, suicide, motor vehicle crashes, and fires—combined. Tobacco-related deaths number more than 430,000 per year among U.S. adults, representing more than 5 million years of potential life lost. Direct medical costs attributable to smoking total at least \$50 billion per year. In 1999, 35 percent of adolescents were current cigarette smokers. In 1998, 24 percent of adults were current cigarette smokers. Adolescent rates of cigarette smoking have increased in the 1990s among white, African American, and Hispanic high school students after years of declining rates during the 1970s and 1980s. In 1999, 39 percent of white high school students currently smoked cigarettes compared with 33 percent for Hispanics and 20 percent for African Americans. Among African Americans in 1999, only 19 percent of high school girls, compared with 22 percent of boys, currently smoked cigarettes. According to the 2003 Idaho YRBSS, 17.8% of 9-12 graders reported using tobacco products within the last 30 days.

**OBJECTIVE**

2006	2007	2008	2009	2010
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SP # 5

**PERFORMANCE MEASURE:**

Percent of pregnant women who received dental care during pregnancy.

**GOAL**

To increase the number of pregnant women who receive at least one dental visit during the second trimester of pregnancy. Purpose of the visit is to identify and correct periodontal disease which lead to low birth weight deliveries and other health consequences for the mother and her young child.

**DEFINITION**

**Numerator:**

Number of pregnant women who received dental care.

**Denominator:**

Number of women surveyed.

**Units:** 100    **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Idaho's Pregnancy Risk Assessment Tracking System.

**SIGNIFICANCE**

Poor dental health has been found as a cause of low birth weight deliveries. By intervening during the second trimester, studies have shown improve birth weights. Low birth weight is associated with a number of health issues for young children. According to the 2001 PRATS survey, only 37.6 percent of all mothers went for dental care during pregnancy.

**OBJECTIVE**

2006	2007	2008	2009	2010
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SP # 6

**PERFORMANCE MEASURE:**

Percent of Medicaid and SCHIP children who are fully immunized by age 2.

**GOAL**

To improve immunization status of children in the state and protect them from vaccine preventable diseases.

**DEFINITION**

**Numerator:**

Number of Medicaid and SCHIP children who are fully immunized by age 2.

**Denominator:**

Number of Medicaid and SCHIP children enrolled that are two years of age.

**Units:** 100 **Text:** 1

**HEALTHY PEOPLE 2010 OBJECTIVE**

14-24a.

Increase the proportion of young children who receive all vaccines that have been recommended for universal administration for at least 5 years.

For the 4:3:1:3:3 series the HP2010 goal is 80% for children 19-35 months of age.

**DATA SOURCES AND DATA ISSUES**

Medicaid and Immunization Program data

**SIGNIFICANCE**

Vaccines are among the greatest public health achievements of the 20th century. Immunizations can prevent disability and death from infectious diseases for individuals and can help control the spread of infections within communities. Idaho GPRA surveys over the past 4 years has shown lower immunization rates among children enrolled in Medicaid when compared to the statewide average among all children. By targeting our Medicaid population we focusing efforts on the highest risk population for health disparities.

**OBJECTIVE**

2006	2007	2008	2009	2010
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SP # 7

**PERFORMANCE MEASURE:**

Percent of 9th – 12th grade students that are overweight.

**GOAL**

Reduce the number of school age children who are overweight or obese.

**DEFINITION**

**Numerator:**

Number of 9th – 12th grade students overweight.

**Denominator:**

Number of 9th – 12th grade students surveyed.

**Units:**   **Text:** 0

**HEALTHY PEOPLE 2010 OBJECTIVE**

19-3c.

Reduce the proportion of children and adolescents who are overweight or obese to 5%.

**DATA SOURCES AND DATA ISSUES**

Idaho Youth Risk Behavior Surveillance System.

**SIGNIFICANCE**

Overweight and obesity are major contributors to many preventable causes of death. On average, higher body weights are associated with higher death rates. The number of overweight children, adolescents, and adults has risen over the past four decades. Total costs (medical cost and lost productivity) attributable to obesity alone amounted to an estimated \$99 billion in 1995. Overweight and obesity substantially raise the risk of illness from high blood pressure, high cholesterol, type 2 diabetes, heart disease and stroke, gallbladder disease, arthritis, sleep disturbances and problems breathing, and certain types of cancers. Obese individuals also may suffer from social stigmatization, discrimination, and lowered self-esteem. During 1988–94, 11 percent of children and adolescents aged 6 to 19 years were overweight or obese According the 2003 Idaho YRBSS 7.4% of 9th – 12th grade students were reported as being overweight.

**OBJECTIVE**

2006	2007	2008	2009	2010
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